

NAVAL MEDICAL CLINIC ANNAPOLIS

CLINIC CRIER

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WINNER OF THE 1999 MHS CUSTOMER SATISFACTION AWARD



250 Wood Road, Annapolis, MD 21402-5050

From the Commanding Officer: CAPT Kathleen D. Morrison, MSC, USN

Dear Shipmates,

Change is all around us—end of academic year, reporting and departing personnel, uniform change and Spring! It is nice to enjoy the activities associated with the seasonal change—as your schedule permits, enjoy the YARD and the unique historical and traditional activities that make this assignment so special.

Retention and Mentoring Programs are just two ways you can help the command take care of people. We are sponsoring a Retention Day that will include an inspirational guest speaker, Military Memorabilia displays representing our history, a career fair, potential Detailer visit (still pending), mentoring program presentation, and a NMCLA Family Potluck! Look for details soon—thanks to LT Elder, HMCM Rang and HMC Fabian for their coordination and support! We need your support, as this is an all-hands initiative!

Recently, we have received kudos from the

Lead Agent and the USNA Commandant on our superior health care delivery programs. On-Line Pharmacy Refill, dynamic Health Pro-

motion Website, flexible and responsive Battalion Corpsmen dealing with unprecedented seasonal workloads, ...these are all ways that we become indispensable to our customers! Keep up the good work!

Your leadership at all levels remains an essential factor to our command's excellence. This command has such a diverse mix of senior and entry level personnel that opportunities abound for training, mentoring and teaching. Each one of us brings professional skills that make this a better place every day! Thanks for being part of the team-building and supporting your shipmates—our trademark that makes this command special!

Happy Spring!

R/CO

HEALTH WATCH

By Nicole Deaner Bureau of Medicine and Surgery

Can't Smell the Roses? Does tiptoeing through the tulips literally make you sick? You're not alone. Millions of people suffer from seasonal allergies and it's that time of year again! The terms "hay fever" and "rose fever" were used by English farmers who blamed hay and flowers as the culprit for symptoms that include watery, itchy eyes, a constant runny nose, sneezing, headache, and sore throat. Allergic rhinitis - the medical term for hay fever - is seasonal due to the cycle of weeds and grasses. People with pollen allergies often mistake the yellow flower pollen that covers their cars in the morning as the cause. Most often microscopic grains of pollen released by



cars in the morning as the cause. Most often microscopic grains of pollen released by trees, grasses and weeds are the culprits. It's light and dry and spread by the wind. An allergen is any substance causing an allergic reaction. Seasonal allergens can be inhaled, swallowed or come into contact with the skin. Symptoms may start as early as March and go as late as November when pollination ends. Spring is the time for tree and grass pollen, while Fall is the time for ragweed pollen, dust and molds. Genetics play a role in how moderate or severe your allergic reactions are. But since we didn't choose our parents, the best treatment for allergies is to avoid the source of allergens. As a seasonal allergy sufferer, you can most likely predict the times you will experience symptoms and take steps to minimize their effects. - Try not to spend too much time outdoors. Air pollution can aggravate your symptoms. Peak pollen hours are from 5 a.m. to 10 a.m. - Stay indoors on dry, windy days when pollen will circulate the most. Pollen counts will lower significantly immediately following a

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Command Mentoring Program

Any staff member who wishes to mentor a fellow Sailor, please contact HMCM Rang or LT Elder. Program will be launched on 10 May during the Retention Stand Down.

Coming Soon!

APRIL 2001

18-20	Command	PFA
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- 25 Secretaries Day
- 26 Selection Board Wardroom presentation
- 27 Personnel Insp./Awards Ceremony
- 27 Force Master Chief's Visit

MAY 2001

- 6 Bridge Walk
- 8 HealthCare Consumer Council Meeting
- 10 Retention Stand Down

Are We_{CAM}OReady?

Ms. Eva Miller, PI Officer

Chapter 9 of the manual addresses the MANAGEMENT OF HUMAN RESOURCES. The goal of this function is to identify and provide the right number of competent staff to meet the needs of the patients served by our organization and to fulfill our mission. HMCS Fabian and LTjg Dietz are the team leaders for this function.

Once again, we are asked to <u>plan</u>. Our leaders must have a staffing plan and define the qualifications and competencies necessary to fulfill our mission.

Leaders must provide competent staff. That is accomplished through the military assignment process, the traditional employer-employee arrangement, or contractual arrangements. An initial assessment reviews applicants' qualifications. Their experience, education and abilities are confirmed during orientation. A job description and completed assessment must be on file for every employee. The organization measures the employees' ability to perform the duties and meet the expectations in the job description. There must be an established system for evaluating job performance.

Assessing, maintaining, and improving staff competence are required by this function. An evaluation of the members' continuing ability to perform is done on an ongoing and periodic basis. Competent performance is expected of each member.

<u>Promoting self-development and learning</u> is essential to maintaining the level of competence necessary to do the mission. Staff must be encouraged to continue learning.

Much of our process for meeting these standards is spelled out in the command POLICY FOR THE USE AND MAINTE-

NANCE OF PROFESSIONAL DEVELOP-MENT FILES, NMCLANNAINST 6010.5B.

The instruction is on the "H" drive, all enclosures and guidance is included. That instruction outlines how a Professional Development File (PDF) for this command is established and maintained.

When a new staff member arrives at the command, the Pro Dev department initiates and issues the file. The individual delivers the file to their department head and/or supervisor. The supervisor assists the new staff member in completing each section of the file. Supervisors provide the assessment of skills, identify training needs, and evaluate staff competence.

All of these steps must be documented in the file and are required to be done each time the individual moves to another department. If the individual performs more than one job at a time, (works in Radiology, draws blood in Lab on an as needed basis, and also does Battalion Corpsman) orientation, safety, and age-specific competencies are required for all three areas and must be documented in the PDF. This is also an issue at evaluation time. All areas where the individual has worked during that evaluation period must be specifically addressed in the evaluation.

HMCS Fabian and I recently reviewed 173 PDF's for the command. The PDF is the repository for all the documentation of the assessments, evaluations, training, and development of the individual.

The results are fair to good, but nearly all of the PDF's require some attention.

Here are some of the results:

- Current job description in file 81 %
- Documentation of command orienta tion in PDF - 30%
- Documentation of department orientation in PDF - 60%
- Documentation of safety orientation in current workspace - 74%
- 72% of our current staff require agespecific competency documented in the PDF.



• Only 74% of those have age-specific competency documented.

Are we ready? Not quite. At least not evidenced by documentation in the PDF.

The results speak for themselves. The files need some work and attention. This is a critical process. It is far more than just making sure the right paper is in the file. It is a process that ensures we have the right people doing the right things.

- Are we getting folks trained if necessary?
- Does the staff participate in training and is it documented?
- Are the staff being assessed for the job we're asking them to do?
- Have we identified training opportunities and passed that information on to the Pro Dev department so training is provided to all who need it?
- What qualifies you to do your job? Is that documented in your PDF?
- How do you determine a staff member is qualified to do his/her job?
- How do you measure your ability to meet job expectations?
- What steps do you take to train new staff to your area? How do they know what to do?
- How do you assess the competency of staff?
- How do you accomplish age-specific training and assessment?



Navy/Marine Corps Relief Society Fund Raising Activities

The 2001 Navy/Marine Corps Relief Society fund raisers featured Silent Auction, Severn "River Dance" Lunch & Show, Easter Basket Raffles, Parking Space Raffles, and Car Wash. NMCL/N/MC Relief Society Chairman is ENS Hayden assisted by LT Volodka and all department representatives.



A Severn
"River
Dance" performer
tapped his
tennis shoes
to a loud
applause at
the N/MC
Relief fundraiser.

COMMAND MASTER CHIEF'S CORNER HMCM(AW/SW/NAC) RONALD O. RANG, USN



Are You A Professional Or An Amateur?

Are you a professional or an amateur? How do you know the difference? A professional will look at that patient as a reason for him being there; an amateur will look that a patient as an unnecessary intrusion into his workday. An amateur will make and take personal calls while that patient is quietly standing by; a professional will make personal calls on his break or on



his lunch hour. A professional will offer to assist that customer even if it means getting a late start on lunch or late getting home at the end of the day. The amateur will look at his watch, point out the clinic hours sign and say "sorry, we're closed", even if it's just a question the patient needs answered, but the amateur would never know that because he failed to ask. The professional uses common courtesy and politeness. He addresses customers/patients by title or rank or by Mr. and Mrs. He does not refer to patients by diagnosis. The amateur will discuss loudly (in front of other staff and patients) the weird rash Smith has in Room 6. The professional will take great pains to ensure a clean professional look; the amateur will look as if he spent all night in his clothes, his hands and fingernails dirty. So, now that we know some of the differences between professionals and amateurs, which one are you?

I'd like to thank all the professionals that attended mock sea trials this month. It was a miserable, wet, muddy, and windy day. Everywhere I went that morning, I saw nothing but great spirit and true professionalism. I was thanked personally by each of the event/location coordinators for having such great medical coverage. It made me proud to be your Master Chief. Keep up the great work that ya'll do!



BATTALION CORPSMAN PROGRAM: JOB WELL DONE!

CDR B. Baker, Director, Battalion

The daily morning routine starts at 0'Dark Thirty (0630) in the halls of Bancroft. The Battalion Corpsman Program is in full swing and a line of Midshipmen waits to be seen. During the Academic Year 2000-2001 (August 2000-present), over 5500 midship-

men visits were logged in. The Independent Duty Corpsmen (IDC) served as the vital link to the program. HMC Daye (Program Manager), HMC Manning, and HM1 Fowler were the key to continuity and providing outstanding health care to the Brigade. Equally vital to the link and with their untiring efforts made the program successful, were the Battalion Corpsmen. These individuals dedicated over 11 hours per week of clinical expertise and dedication to care for the Brigade of Midshipmen. The IDCs added an additional 7.5 hours/week for medical coverage for the newly implemented afternoon Battalion. The program occurred over 37 weeks during the academic year, so greater than 700 hours could be attributed directly to Battalion Corpsmen program. The clock started from the time the shuttle left the Naval Medical Clinic (0615) to the time they returned to the clinic (0800-0830) to start their regular workday. All of this time dedicated to the Brigade of Midshipmen reflected directly on the midshipmen's decreased time away from class, decreased time going to Military Medicine for nonserious illness, and direct, immediate referral to Military Medicine for more urgent care by Health Care Providers there.

HM3 Cruz demonstrated consistent vigilance and ensured that medical and administrative (SIR chits, meal chits,

Battalion Corpsman documentation forms) supplies were readily available for the Battalion Program. While experiencing the nightmare of handling everyone's special request chits, leave requests, and SIQ chits, HM2 Richardson ensured that adequate staffing was available. In addition, LT Clark, LTJG High, LCDR Hoffmann, LT Mahan, and HMCS Williamson assisted during critical staffing shortages.

The following hospital corpsmen, past and present, directly made this program a success: Battalion Corpsman Screeners: HN E. Clark, HM3 Cruz, HM3 Lutzow, and HM2 Snodgrass. They were the first corpsmen to complete the newly implemented program. Battalion Corpsmen involved in this academic year: HN Adkins, HM3 Arce, HM3 Armour, HM1 Ayala, HA Barnwell, HM3 Boldt, HM3 Boyer, HM1 Charland, HN J. Clark, HM1 Correa, HN Davis, HM1 Del Valle, HM3 Dillie, HM3 Disney, HM2 Eves, HN Estero, HM2 Fitzgibbon, HN Foltz, HM3 Frazier, HM3 Graves, HM3 Gross, HM2 Hefty, HM1 Herbert, HN Hicks, HN Holm, HM3 Hutton, HM3 Jacoby, HM2 B. Johnson, HM3 D. Johnson, HM2 Jordan, HM2 Justiniano, HM3 Klass, HM2 Klimczak, HM2 Lane, HM2 Mack, HM3 Mars, HM2 Moncrief, HN Oduro, HA Palacios, HM1 Penny, HM3 Pierce, HM3 Powell, HM2 Pritchard, HM1 Reynolds, HM2 Richardson, HN Romero, HM3 Rose, HM3 Strasserking, HM2 Stubbs, HM3 Suls, HM2 Taylor, HM3 Waterman, HM2 Watson, and HM2 Yeddo.

The Naval Medical Clinic would like to say "Thank You for a Job Well Done" in providing high quality health care to the Brigade of Midshipmen.



HM2 V. Reynolds - reenlisted 30 Mar HM1 S. Ayala - reenlisted 6 Apr



Commanding Officer frocked HMCS P. Fabian to her present rank with husband, Ernie and son, Jon (not in picture) present.



Commanding Officer awards HM1 Herbert's Navy and Marine Corps Achievement Medal (2nd Award) prior to his departure for NMC Portsmouth. VA



LCDR M. Jacobs - MilMed HMC M. Fox - Pt. Admin HN N. Marcelle - Precomms/Phy Exam HN R. Ebbert - Pt. Admin



MA1 L. Green - CivLant HM2 J. Eves - DODMERB, Colorado H. Wiles - SMHS

THANK YOU, APPRECIATE THE HELP, THANKS A MILLION,

MUCHAS GRACIAS!!!

Thanks to everyone's help this year, the NMCL Navy Marine Corps Relief Society was able to raise a total of \$4050!!!

All of our proceeds will be going towards helping our fellow Sailors and Marines in their times of need.

On behalf of this year's NMCL NMCRS Campaign Team...

Thank you for your generosity!

HEALTH WATCH

continued from page 1

rain shower. - Keep windows and doors closed and use your air conditioner. - Keep windows up when driving and the air conditioner on recirculate. - Wash your hands frequently. - Wash hair and body every night to keep pollen from getting into your bed linens. - Bathe pets often. - Don't hang your laundry out to dry - wet clothes are pollen magnets. - Don't rub your eyes. - Regular exercise can help keep the nasal passages open and help alleviate congestion. If symptoms linger or worsen, make an appointment with your doctor. A more serious infection or sinusitis may be present. And if you have allergy medication, take it as prescribed to offset the effects of pollen.



HM2 Carrie Pritchard & Richard Bratton 14 APR 01

A Special Thanks - FOR ALL OF YOUR SUPPORT IN THE BAKE SALE. IT WAS A COMPLETE SUCCESS!!! \$450.00 WAS RAISED IN SUPPORT OF THE DISNEY FAMILY!!! ONCE AGAIN THANK YOU, WITHOUT ALL THE SUPPORT IT COULDN'T HAVE HAPPENED!!!! V/R YN3 (SW) Taylor

MENTORING

By ENS Dawn Zahumensky

Mentoring is a powerful form of human development. It is not a new concept and it has always been a part of professional development. You may recognize it under these alias names, "Sea Daddy, Big Brother/Sister", etc. Regardless of the name, it has been an effective vehicle for developing talented technicians, managers and leaders.

Mentoring offers an opportunity for Mentors and Sailors to expand their leadership, interpersonal and technical skills. The process can be simple and natural or very sophisticated.

Simply stated, a Mentor helps clarify career goals and assists with developing a plan for your military career. Here are

some important things to consider when looking for a Mentor:

- What are your career goals and needs?
- Does the Mentor have knowledge and experience in related areas?
- Is the Mentor proficient and professional at what he does?
- Is the Mentor a positive role model?
- Is the Mentor supportive and respectful of others?
- Does the Mentor value the Navy, enjoy the challenges and understand the vision, mission and values of the organization?
- Will the Mentor be available for quality meetings?
- Will you feel comfortable talking with the Mentor honestly; do you trust him?
- Will the Mentor take a genuine interest in your development? Is he enthusiastic about mentoring?

- Can the Mentor help you find opportunities to gain visibility and demonstrate your capabilities?
- Will the Mentor give you truthful information about the organization, and be willing to share knowledge, experience and insights?
- Is the Mentor a good teacher/coach/ motivator?
- What do others say about the Mentor?

Success is not measured by credentials; it is measured by CHARACTER.

